## 

Fill	in this information t	o identify your ca	ase:										
Del	otor 1	Dawn Kane				_							
_	otor 2 buse, if filing)												
Uni	ted States Bankrup	tcy Court for the	: EASTERN DISTRICT	OF PENNSYLVA	NIA	_							
Case number 16-10659				_			Che	ck if this is					
(If known)				]				An amende	ed filing				
_										wing postpetition e following date			
O	fficial Form	<u> 1061</u>					MM / DD/ YYYY						
S	chedule I: `	Your Inco	ome								12/15		
spo atta	use. If you are sep ch a separate shee	earated and you et to this form.	are married and not fili r spouse is not filing w On the top of any additi	ith you, do not in	clude infor	mati	on abo	ut your sp	ouse. If	f more space is	needed,		
1.	Fill in your emplinformation.	oyment		Debtor 1	Debtor 1			Debtor 2 or non-filing spouse					
	If you have more	e page with	Employment status	☐ Employed				☐ Employed					
	attach a separate information about employers.		Employment status   Not employed					□ Not e	mploye	d			
		account or	Occupation	Sales Represe	entative								
	Include part-time, self-employed wo		Employer's name	Connect America									
	Occupation may i or homemaker, if		53 W Baltimore Pike Media, PA 19063										
			How long employed t	here? 5 yea	ars								
Par	t 2: Give De	tails About Mor	thly Income										
	mate monthly incouse unless you are		ate you file this form. If	you have nothing t	to report for	any	line, wri	te \$0 in the	e space	. Include your n	on-filing		
	ou or your non-filing e space, attach a se		ore than one employer, contains form.	ombine the informa	ation for all	emp	oyers fo	or that pers	on on th	ne lines below. I	f you need		
							For De	ebtor 1		Debtor 2 or filing spouse			
2.			ry, and commissions (b calculate what the month		2.	\$	8	3,818.33	\$	N/A	-		
3.	3. Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A	-		
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	8,8	18.33	\$	N/A			

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Debt	or 1	Dawn Kane		Case r	number ( <i>if known</i> )	16-106	59		
				For Debtor 1			ebtor 2 or ling spouse		
	Cop	by line 4 here	4.	\$	8,818.33	\$	N/A		
5.	List	t all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	2,405.00	\$	N/A		
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A		
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A		
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A		
	5e.	Insurance	5e.	\$	346.67	\$	N/A		
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A		
	5g.	Union dues	5g.	\$	0.00	\$	N/A		
	5h.	Other deductions. Specify:	_ 5h.+	· \$	0.00	+ \$	N/A		
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,751.67	\$	N/A		
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	6,066.66	\$	N/A_		
8.	List 8a.	t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross							
		receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	374.00	\$	N/A		
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive		-	0.00	·	1971		
		Include alimony, spousal support, child support, maintenance, divorce	•	•		•	<b>.</b> 1/A		
	04	settlement, and property settlement.	8c.	\$_	0.00	\$	N/A N/A		
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.	\$	0.00	\$	N/A N/A		
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$	0.00	Ψ \$	N/A		
	8g.	Pension or retirement income	_ 8g.	\$	0.00	\$	N/A		
	8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	N/A		
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	374.00	\$	N/A		
10.		•	10. \$	6	5,440.66 + \$		N/A = \$ 6,440.66		
	Add	I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.							
11.	1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00								
12.	12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 6,440.66								
							Combined monthly income		
13.	Do 1	you expect an increase or decrease within the year after you file this form? No.	?				<u>,                                      </u>		
		Yes. Explain:							